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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

U.S. Patent and Traden	oved for use through 10/31/200	OF COMME
Application Number	on unless it displays a valid OM 09/651170	B control number
Filing Date	8/30/2000	
First Named Inventor	Montgomery	
Group Art Unit	1614	
Examiner Name	Shep Rose	
Attorney Docket Number	12080-4	

To: Assistant Commissioner for Patents Washington, DC 20231							
I hereby apply to withdraw as attorney or agent for the above identified patent application.							
The reasons for this request are:							
Petitioner's client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time or has failed to honor an agreement to pay a retainer in advance of the performance of legal services.							
The correspondence address is NOT affected by this withdrawal.							
2. Change the correspondence address and direct all future correspondence to:							
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Firm or Individual Name	John L. Reed						
Address	BriteSmile, Inc.						
Address	490 North Wiget Lane						
City	Walnut Creek	State	CA	ZiP	94598		
Country	USA	1_0.0.0) <u>ZIP</u>	1 0 1000		
Telephone	(925) 279-2860	Fax (925) 941-6266					
This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number 23719 This request is enclosed in triplicate (including any attachments).							
	n J. Santalone, Ęsq.∕						
Signature Oshi Aarta Conse							
Date 10 December 2002							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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I hereby declare that this correspondence is being deposited with the United States Postal Service via Express Mail Label No. EV035750146 VS in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C.

Date: 12/10/200 Name: OSCAr Copinosa